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EFFECTIVE USE OF FACEBOOK FOR HEALTH INFORMATION IN MEGHALAYA

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ABSTRACT

We have seen a significant increase and widespread adoption of a new class of technological advancement known as social media in recent years. Findings show that Facebook has the potential to be a useful and effective tool for encouraging people to maintain and adopt a healthy lifestyle. The ability of the public health system to communicate effectively is crucial. Individual and organisational communication has improved due to social media. Facebook has the ability to improve health promotion. However, evidence is scarce on the use of social media in healthcare in Meghalaya. The purpose of this research was to see how often people use Facebook to get health information in an interactive manner.

Aims: To study the use of Facebook for health information in Meghalaya.

Objective: How Facebook offer its tools to use for health issues.

KEYWORDS: Facebook, Health Information & Meghalaya

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Original Article

INTRODUCTION

The popularity of social media platforms like Facebook is steadily increasing. There are nearly 800 million active Facebook users alone[1]. Social media is becoming a more popular medium for communicating and searching for wellness and health information. People turn to the internet for health-related reasons such as seeking advice, connecting with professionals and others who have had comparable experiences, discussing enquiries and concerns about treatment alternatives, and comprehending proficient diagnosis[2][3]. With the ubiquitous use of the internet and its relatively inexpensive bandwidth, both healthcare professionals and patients are increasingly turning to social media, particularly Facebook [4]. In 2011, Korda et al. discovered that browsing for virtual health knowledge and information was one of the most common activities in the internet[5].

Househ studied the reasons users may use social media for a number of goals, including education, networking, exploration, solidarity and measuring personal growth, according to social media and its impact on healthcare organisations, clinicians, and patients. Above all, patients have the opportunity to communicate, express their opinions, learn from one another, and disseminate health information [6]. Some physicians believe that social media can aid patients with chronic diseases, uncommon diseases, wellbeing, and preventive measures, according to Modahl et al[7][8].

Facebook and other online social networking platforms are frequently used to strengthen pre-existing social bonds [9]and activity in dominating such sites by checking in on friends' statuses and activities, as well as curating their own status updates and information on one's profile are examples of self-presentation[10].

Users of social media platforms like Facebook can build and preserve long lasting relationships, by increasing the bridge social value from which they can draw for benefits through different networks of weak

relationships [11]. Furthermore, Facebook facilitates the creation and preservation of social value by allowing users to create, nurture and sustain social bonds with the far friends. According to Facebook, an average user has 130 friends [9]. The participants of our survey reported that they used social media mainly for connecting with friends and family. They connect by sharing pictures and posting status updates. To understand the potential of Facebook for health awareness promotion, the researcher interviewed also Facebook users.

THEORETICAL FRAMEWORK

Adaptive Structuration Theory (Ast)

"AST delivers a dynamic picture of how people integrate modern technologies into their work habits," according to the organisation.[12]It contains different types of social frameworks: those intended for use with technology and those that emerge as users interact with it become more familiar with the system and its capabilities. Simply defined, it outlines how it contains different types of social structures: those designed to be used with technology and those that emerge as users interact with its capabilities and seek to apply them in novel ways to transform work practises in order to optimise advantages for both themselves and the company. [13]. Adaptive Structuration Theory takes into account how a system evolves, how people use it changes, and how an organisation changes as a result,"[13].

Iterative interaction between individual interaction or social dynamics and technology. In a "recursive relationship," new uses produce new ideas, resulting in many uses for the same technology artefacts [13][12]. How similar is actual use to intended use, how standardised it is among users, and how good user attitudes are all indicators of effective utilisation. The greater the technology, the more faithful adaptation, team unanimity, and favourable attitudes[14]. In order to attain high levels of quality of treatment for patients and patient safety, To communicate information and trigger actions, healthcare relies heavily on well-practiced, repetitive fundamental operational processes. Even well-planned automation efforts will, at least momentarily, disrupt ordinary operations in this environment. Observing this in the field and recognising it, Goh, Gao, & Agarwal, put forward a “Dynamic Process Model of Adaptive Routinization of Health Information Technology (HIT)”, AST-based iterative, adaptive model. This model explicitly outlines a method for managing initial negative sentiment, recommending techniques for reversing adverse symbolic representation and guiding the narrative path toward acceptance of technology and achievement of predicted performance increases. Their findings emphasise the necessity of leadership in the form of agency, as well as continual workflow assistance, technology advancements, and training to avoid unforeseen workflow difficulties. This assistance encourages users to use the technology since the more at ease they become, the more functional affordances they notice that this can assist them in providing safer and more efficient care. This, in turn, fosters power through individual innovation, which encourages others and contributes to the spread of favourable attitudes toward the technological artefact. According to the researchers, high compliance and achievement of initially expected performance results from an adaptive cycle that constantly discovers and fixes system and regular problems [15][58]. Healthcare organisations can use AST's To inspire high levels of adoption, recommended implementation models and continuous, adaptive sustainment procedures to help inform the design and implementation of both social media platforms technological artefacts and work practices. As a result, the social structures and organisational support resources that are required will be suitable and accessible[13][16]. According to social media experts, four affordances should be prioritised: "visibility, persistence, editability, and association.” [16]. In conclusion, given the apparent scarcity of empirical evidence, the study sought to investigate conducting a field investigation of social media use in healthcare to add to the Adaptive Structuration Theory body of information[17]

CONVERGENCE THEORY

Convergence theory, as explained by Kincaid(1979) [18]Rogers and Kincaid (1981), focuses on the critical "importance of information sharing, mutual understanding, and mutual agreement" when it comes to any collective or group action that may produce social change (Figueroa, Kincaid, Rani, and Lewis, 2002, p. 4). O'Sullivan, Yonkler, Morgan, and Merritt state in their 2003 text that the study focuses on the perceptions and behaviors of individuals that are influenced by the perceptions and behaviors of group members, like colleagues, spouses, and family members, as well as individuals' "personal networks," like peers, friends, and acquaintances

The theory has three prominent characteristics: It is proposed by Kincaid(1979) [18] developed by Rogers and Kincaid (1981), and investigated by Figueroa, Kincaid, Rani, and Lewis (2002).

In this participatory process, no one is sending or receiving information, but everyone is involved in creating and sharing it. Individuals, community groups, and organizations, as well as various sorts of institutions, such as professional associations, churches, and schools, are all included in this process.

Convergence refers to how various ideas, opinions, and values converge; how divergent ideas, views, and values connect; and how divergent ideas, points of view, and value systems converge.

Communication takes place on a horizontal plane and includes two or more people. A horizontal communication model places all participants on an equal footing, each seeking to negotiate a consensus that may result in a group-wide action.

According to this theory, communication has been redefined as a process that requires all parties to show empathy and consideration for the feelings, emotions, and beliefs of others. It has also underlined the critical role that prominent people and social networks play in the social transformation process.

LITERATURE REVIEW

Health Literacy

The area of health is maybe one of the most significant contexts for literacy. In the context of processing, understanding, and making appropriate decisions with health information, the distinction between someone being literate and illiterate could imply the difference between taking a prescribed or lethal dose of medication, or between seemingly ignoring and following a physician's advice. Indeed, according to Rudd et al, "health literacy could be a substantial source of differences in the quality of treatment that many individuals receive." Addressing health literacy is particularly significant for health communicators because it gives instructions for creating focused and customised different mediums for targeted consumers and suggests suitable training strategies for the health illiterate individual. The fact that there are regular patterns of inequality among people with varying health literacy abilities emphasises the importance of these inequalities. Rudd et al. reported that[19], Health literacy is influenced by several factors such as age, place of birth, ethnicity, and wealth. Health literacy also has a strong and direct relation to the literacy level of an individual, an educated person is more likely to be having better knowledge about various health issues rather than an uneducated person However, it is important to understand that personal preference/affinity of a person and motivation to learn about health and well-being is the most important factor when it comes to health literacy. According to a study, minorities are much less able to gain access to healthcare and are much more prone to be affected by and suffer from the majority of severe diseases as compared to Whites; comparable patterns are observed within socioeconomic class[20][21][22]. This is especially disheartening given

that the majority of diseases can be avoided [23].

"The inability to read, grasp, and act on health-related information is well-defined as low health literacy."[24].Any materials or verbal communication that is not comprehended by the intended audience will fall short of its overall objective. This is true regardless of how accurate, and entertaining the information appears to be appealing at first glance. People of all ages and ethnic backgrounds suffer from a lack of health literacy. Half of the adults in the United States (90 million people) struggle to comprehend and respond to health information[25].

Low health literacy can be caused by a number of factors, including weak reading, writing, and math abilities. [25][26]. including the following:

- Communication, listening, and comprehension skills that are inadequate or non-existent
- Language barriers pose a disadvantage
- In the healthcare system, there is an absence of self-advocacy and navigational abilities
- Insufficiencies in historical context
- Affluent but low socioeconomic status [27]

World Health Organization (WHO) defined health literacy as "the cognitive and social skills that determine an individual's motivation and capacity to get access to, comprehend, and utilise information in ways that promote and preserve good health." [28]. The Healthy People 2010 report defines health literacy as "the ability to receive, comprehend, and understand basic health information and services, as well as the competence to utilise such information and services to promote health." These four components of health literacy are highlighted in these definitions. People must first possess not just the capability to get essential health information and knowledge. Secondly, a health literate individual will be able to absorb the information that has been presented to him or her and capable of gathering them. Giving someone Internet access may encourage them to visit a myriad of Web sites; nevertheless, this does not imply that they will be able to appraise the quality of the material offered or choose which information would be most beneficial to their health or well-being. Thirdly, entails the ability to use health information with confidence and competence. This might be asking a physician a question or understanding a public service announcement broadcast on the radio or television. A person must have basic reading, writing, and problem-solving skills to be considered health literate. Social and cognitive skills are necessary to seek out and use health information. Dutta-Bergman, in his research on consumption patterns of health information channels[29] Traditional health information efforts, according to the author, use relevant data sources and construct information messaging to contribute to gaps in knowledge, ignoring the population's different patterns of health literacy. As a result, health literacy should be a crucial element in directing the promotion approach as it should serve as the foundation in order to pick media types and generate messaging, paying attention to the match between the campaign's communication tactics and the literacy levels of the target population. Lower health literacy rates have been linked to a variety of negative effects, involving poor communication between doctors and patients, as well as poor behaviours, lower compliance with treatment, increased illness risk, and a drain on the nation's healthcare costs, according to research. The domain specific aspect of health information is ignored in these definitions. Healthcare professionals, Other patients, acquaintances, and relatives; newspapers, journals, television, radio, and the Internet, governmental organisations and health services organisations; and government agencies and health services organisations are all resources of health information that consumers use[30][29]. The number of times consumers look for health-related information and the types

of health-related information sources they use show a considerable lot of variation. [31][32][33]. Consumers show variation in the quantity of health information they seek, as well as in the methods in which they absorb that information. [34][29][35]

In comparison to general health literacy, e-Health literacy has gotten very less attention. Given the explosive expansion of eHealth apps and health information provided through the Internet, this is unexpected [36] in addition to the first published presentation of Electronic Health literacy was an attempt to describe the idea and provide skillsets for reaching a high level of eHealth literacy in general. e-Health literacy is defined as the ability to seek, locate, analyse, and assess health information from electronic sources and apply that knowledge to addressing or solving a health condition[37].

DIGITAL LITERACY

The internet's rising relevance as a vital source of health information has recently caused a division between those who can benefit from it and others who are unable to [38]. As a result, computer skills and Internet access may have an effect on health literacy levels.

Along with other projects, Digital India was launched and is being developed by the Indian government. Despite the government's best efforts, NGOs continue to thrive, and other corporate entities to protect people's well-being, a lack of Digital Literacy, education, and knowledge are the major roadblocks to understanding and implementing these measures. Digital India is a forum whose goal is to enhance government accountability and prevent corruption in the delivery of services to the public, while also delivering good governance and creating a functional and efficient administration. The Pradhan Mantri Grameen Digital Saksharata Abhiyan plan of the Indian government intends to make 60 million Indian towns and villages digitally literate over time. The initiative uses digital technology to improve the lives and services of rural communities. It provides training to rural areas to help them become more competitive in the labour market, as well as collaborating with organisations around the country to provide digital services to them. [39]

The Smart Village Initiative was started by the Indian government with the goal of creating an ideal village. Technology should operate as a promoter for growth, allowing learning, improving health and welfare, enhancing public involvement, and boosting rural villagers, according to the Smart Village idea. This is the beginning of a time known as the "smart age," which is a frequently used term. Smart technology, such as smartphones, smart TVs, and live-in smart houses, are available to humans. Smartness is a popular concept in terms of development in both urban and rural communities. In rural areas where network infrastructure is often slow and inadequate, "Smart Villages "will ensure adequate sanitation and education, as well as improved infrastructure, safe drinking water, healthcare facilities, environmental conservation, energy efficiency, waste management, and renewable energy and so on. This prevents or restricts access to materials and services that can help the economy flourish. However, with the application of information and communication technology individual and community capacity growth and empowerment can be ensured, ensuring demand for, distribution of, and use of high-quality services. Successful information and communication technology-based expertise deployments in rural regions might indicate a large development potential for this type of technology implementation. In rural locations, smart sanitation solutions can assist deliver a cleaner environment[40].

E-literacy skills might assist indigenous communities to get access to technology, allowing them to participate in various programmes while also protecting them against exploitation. Nonetheless, low literate learners, poor internet

connection, inadequate information and communication technology facilities, and unstable control have all made teaching Digital Literacy Skills in rural and isolated places problematic. Furthermore, Schedules for literacy training may interfere with people's ability to work, which has resulted in poor enrolment and turnover rates.

The phrase "digital divide" is used to describe the divide between those who have access to Internet technology and those who do not. [41]It is the technological "haves" and "have nots" that are at stake[42][43]. The digital divide literature is built on the idea that the Internet is a catalyst for individuals and communities' economic, professional, and social achievement. Unfortunately, in the United States, there are significant disparities in computer and Internet penetration levels among many cultural, racial and social groups [44][45]. Furthermore, new research reveals that merely providing individuals with the use of the internet is insufficient to address these socioeconomic inequalities[46]. In the field of eHealth, this argument has been used. [42][47][48] Individuals differ even among patient groups with equal access to online health information, there are differences in the amount of time they spend online, the motives for utilising the Internet for health purposes, and the problems to which they attend[49][50]. As a result, in addition to offering inventive ways that can provide access to healthcare information, which seems to be the priority of most preventive interventions, we also need innovative methods to deliver information that can be comprehended by and help in the patient making decisions, as well as encouraging the search for this information from various sources by a population that is less likely to seek information in overall and far less capable of understanding certain information once discovered[51].

The Inclusionary education approach must account for gaps in shortage of digitalization, a lack of knowledge, and even misuse of the internet, therefore presenting a strategy for bridging the digital divide through the use of technology [52, pp. 1-2].

Uses and Prospects of Facebook for Spread of Health Information

Clinics and hospitals have progressively begun to engage in social media initiatives, which involve having a presence on social media platforms such as Facebook and Twitter. More than 1500 hospitals in the United States were successfully using social media platforms as of January 2015. Over the last several years, the usage of social media by European healthcare organisations has also expanded dramatically. In 2011, more than 67 percent of the 873 European hospitals surveyed had a Facebook presence, up from only 10% in 2010. This general acceptance implies that virtual settings will become more important for health-related publications and communication. Clinics and hospitals can use social networking networks to communicate directly with patients, their care takers and to spread wellness-related and health information. Theoretically, healthcare organisations will improve their reputation and attract more clients. Furthermore, healthcare organisations may measure the degree of therapy they provide to their patients by collecting feedback and comments given by consumers on social media platforms like Facebook pages. As a new means of communicating with customers, employees, and the local community, healthcare organisations have steadily shifted to social media platforms [53].

With over 500 million users, Facebook is the most popular social networking site in the world, and also the most popular in the United States (with an estimated 142 million)[54], has 61% of its members aged 35 and older [55]. Users over the age of 65 are joining Facebook at a faster rate than any other age group, with three times as many signing up in May 2010 as in May 2009[56]. As a result, using social media to reach out to your target audience should be determined by their characteristics and usage of various networks. In conclusion, social media comes in a variety of formats, each with its own audience. Social media has evolved and gotten more widespread in the last 4-5 years. This has increased its influence

and drawn the attention of a variety of businesses. Because many patients use social media, the healthcare sector must determine whether and how social media affects patient care. Several healthcare groups have already developed a presence on social media. The most popular tool used by health professionals is Twitter which utilised by 583 hospitals, Facebook (551 hospitals), YouTube (348 hospitals), and blogs (99 hospitals) round out the total of 1,581 social media sites. Several of the social media kinds listed below are also used by the(AAPM&R) [57]It has 677 active fans on its one-year-old Facebook page [58]

Limitations to Use of Facebook for Health Information

Ye Xi conducted an evaluative investigation[59]and it was revealed that social media platforms have a detrimental influence on the quality of illness prediction and detection during infectious disease epidemics. Users' faith in the media and authorities was revealed to be a critical component of the investigation's interaction. The majority of individuals do not have access to accurate and timely information regarding the spread of infectious illnesses. Official information on the emergence and spread of infectious illnesses was found to surpass social media information as useful surveillance tools, particularly in terms of timeliness [60].

METHODS

The research is qualitative in nature. Survey method was used to collect the data using questionnaires. Most of the questions that were a part of the questionnaire were closed ended questions which were designed to find out the behaviour of individuals while using Social media. The survey was conducted among 450 respondents. The sample was taken in the state of Meghalaya using a non-probability sampling approach. The questionnaire had been translated into the two local languages the Garo language and Khasi language. Cross-tabulation and graphical representation were used to analyse the data collected. The following are the illustrations of the responses collected in the survey:

Do you Use Social Media?

By Age Group

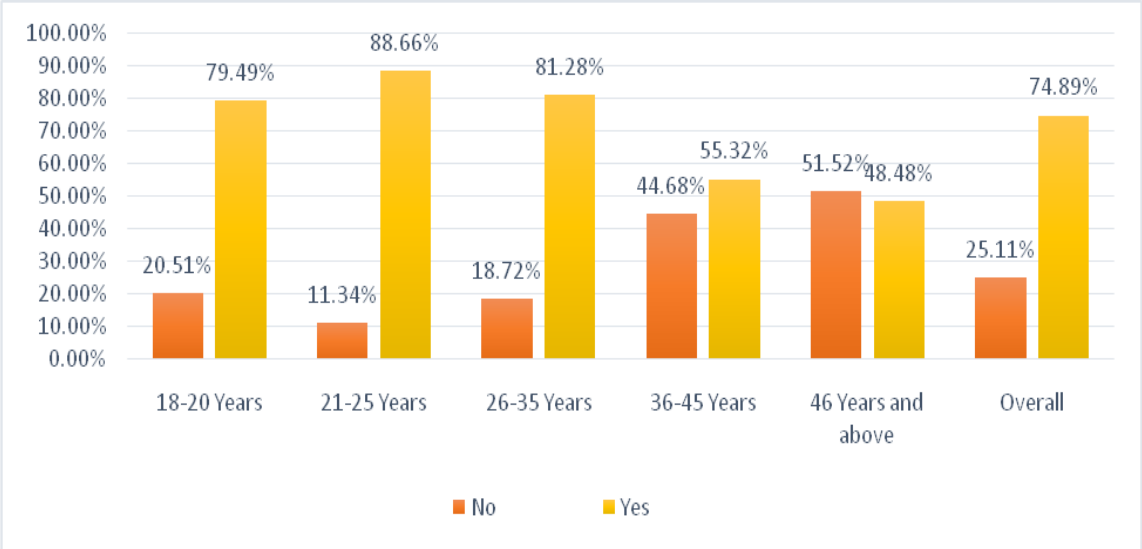

Figure 1

By Gender

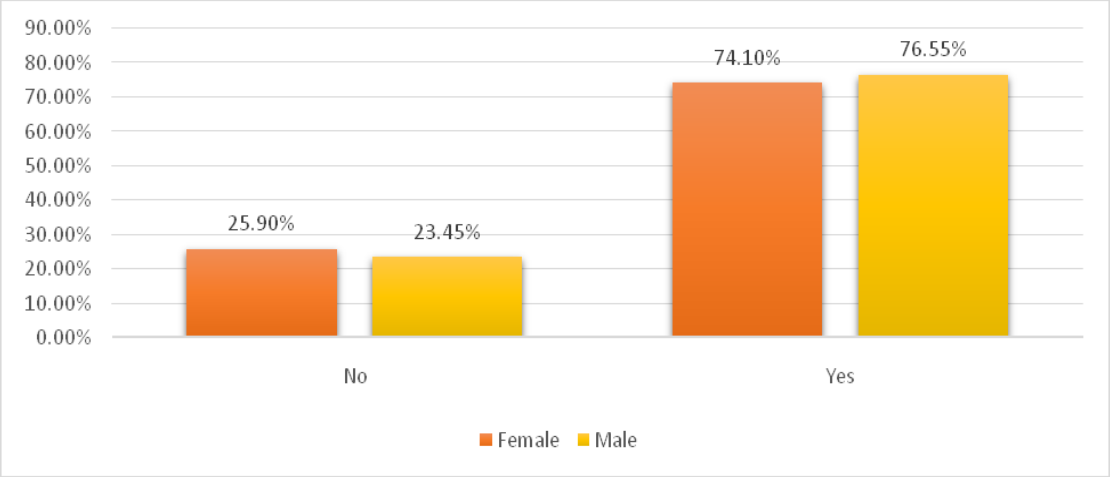

Figure 2

By Educational Level

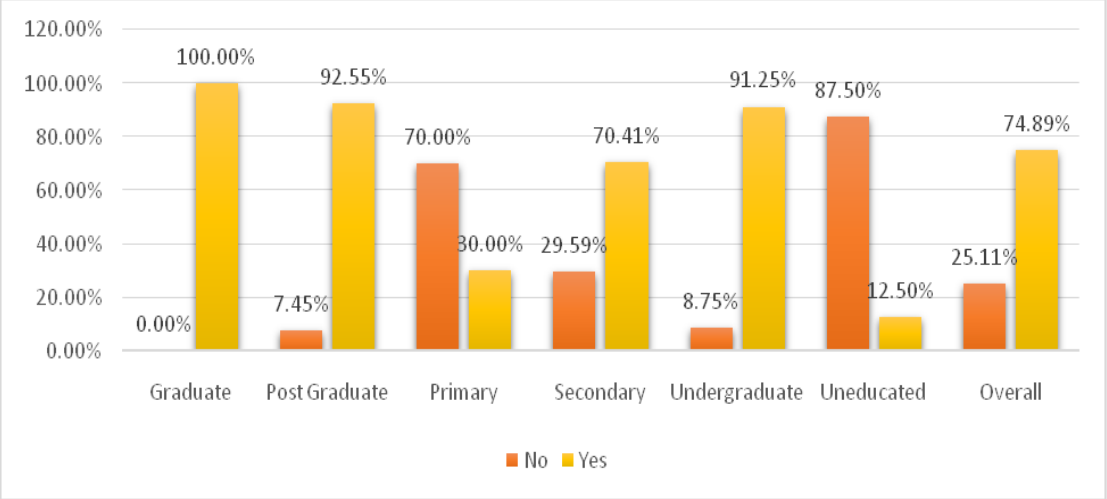

Figure 3

Most Convenient Channel for Gathering Health Information

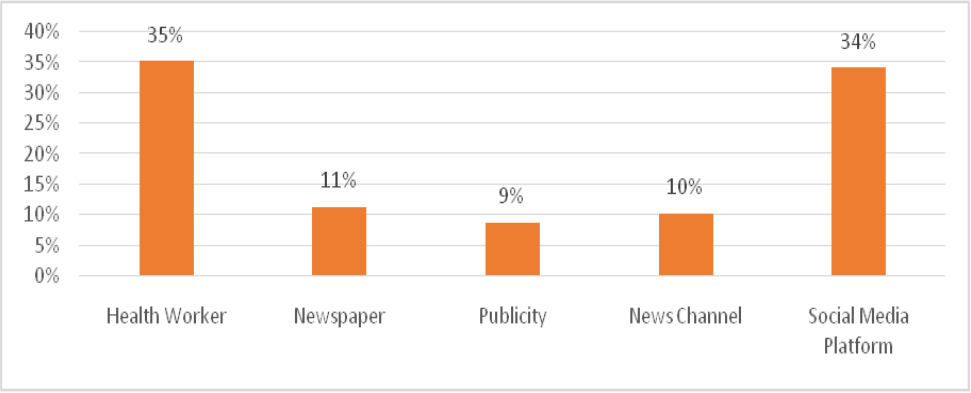

Figure 4

Social Media Platform Used by Respondents Health Information from Facebook

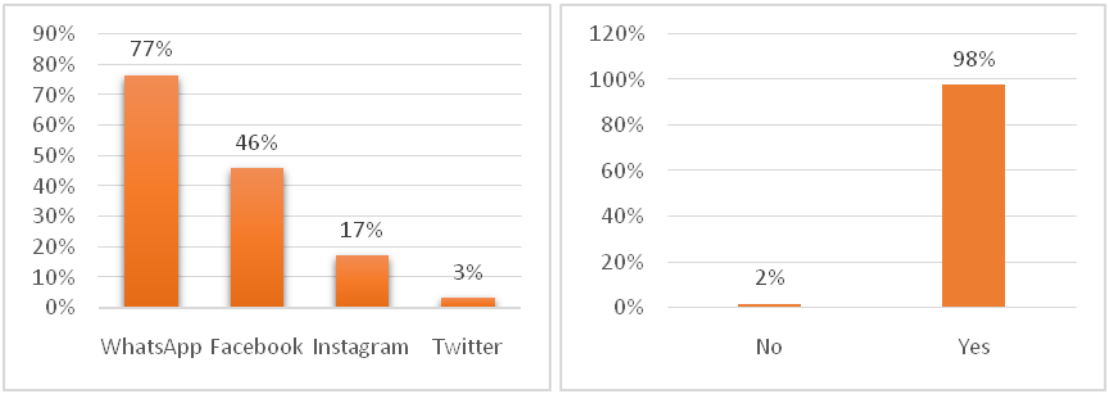

Figure 5

Sharing of Health Information on Facebook **Preferred Type of Content by Facebook Users**

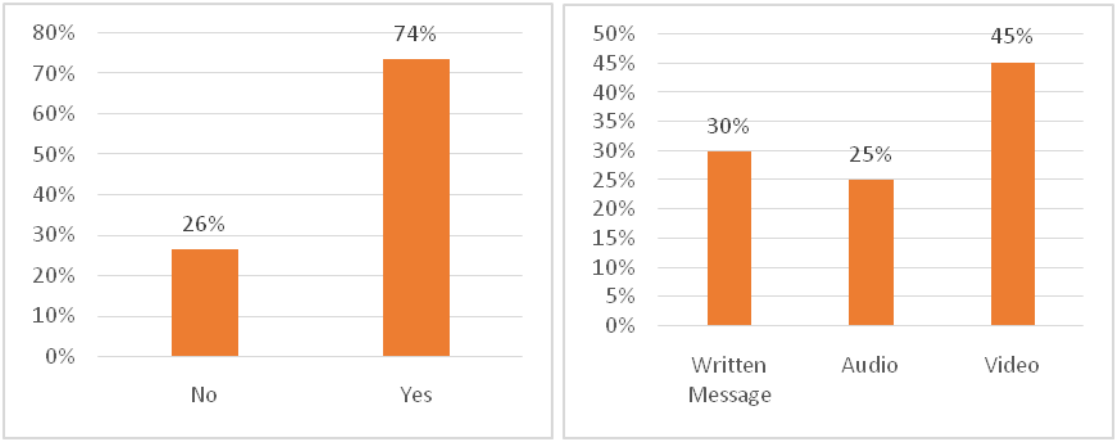

Figure 6

DISCUSSION AND CONCLUSIONS

Based on these findings, it was discovered that a high percentage of people in Meghalaya use social networking sites like Facebook to interact with friends and acquaintances. The study also indicates that these users are looking to use these platforms to find information on various health issues. It is evident from the study, as 34% of the respondents have chosen social media to be the most preferred source from which they get health information. The most popular source of getting health information as chosen by the respondents are the Health workers as it is the first choice of 35 % of respondents. These health workers visit house to house, interact with the people during health camps and also during other one on one interactions. Majority of the Facebook users, use it for health information as well. The study reveals that 98 percent of the respondents who use Facebook, use the platform for getting health information and 74 percent of those respondents share health information with others on the platform. Social media usage is widespread among people of all age groups and gender. In addition to this, a majority of respondents stated that they use Facebook on a daily basis. From support groups to health suggestions, Facebook and other social media platforms offer a much-needed link between individuals. If social media is put to use in an organised and planned manner it has the potential to improve how the public health department communicates with the general public. It is an interactive medium that can engage and facilitate two way communication

between the public and the Heath Department. Social media, in particular, makes it easier to engage with an audience, and to build and sustain connections. The study reveals that health professionals are not as engaged and motivated to use social media as a tool for spreading health information. The health department needs to intervene and ensure to cash on the opportunity provided by various social media platforms in general and Facebook, in particular, to form communities with the sole purpose of sharing information and nurturing the relationships among the community. Once the relationship is established and people start to trust these sources to find health information then it can be used as a very effective tool to address Public Health issues. Facebook groups and pages have become a popular tool for raising awareness, fundraising and seeking support for a variety of causes. Given its popularity and accessibility, further study into the implications of social networking sites as a health resource for people with different health problems, cultures, ages, and socio-economic groups is required. Health professionals may use social media to provide information, discuss health-care policy and practice issues, promote healthy behaviours, connect with the public, educate and interact with patients, caretakers, trainees, and colleagues, among many other things. If appropriate privacy protections are in place, social media might be a valuable and cost-effective contribution to healthcare. While research into the use of social media for health promotion is still in its infancy, preliminary studies suggest that it increases participant engagement. However, a thorough investigation is required to discover how to utilise Facebook efficiently as a health promotion tool.

REFERENCES

1. *Facebook, "Statistic," 2011. [Online]. Available: https://www. facebook.com/press/info.php?statistics.*
2. *M. M. W. R. De Choudhury M, "Seeking and sharing health information online: comparing search engines and social media.," in Proceedings of the 32nd annual ACM conference on human factors in computing systems., 2014.*
3. *R. V. P. P. I. B. Sambandam SN, "Quality analysis of patient information about knee arthroscopy on the world wide web," J Arthrosc Relat Surg, pp. 509-13, 2007.*
4. *H. M, "Sharing sensitive personal health information through Facebook: the unintended consequences.," Study Health Technology Information, pp. 616-20, 2011.*
5. *I. Z. Korda H, "Harnessing social media for health promotion and behavior change.," Health Promotion Practice, pp. 1-9, 2011.*
6. *H. M, "The use of social media in healthcare: organizational, clinical, and patient perspectives. In: Courtney K, Mu-Hosing Kuo A, Shabestari O, editors. Enabling health and healthcare throught ICT: available, tailored and closer.," IOS Press, pp. 244-8, 2013.*
7. *T. L. M. T. Modahl M, "Doctors, patients and social medial," September 2011.*
8. *Z. A. F. Y. a. M. S. H. AlQarni, "Health information sharing on Facebook: an exploratory study on diabetes mellitus.," Journal of infection and public health, pp. 708-712, 2016.*
9. *N. S. C. a. L. C. Ellison, "The Benefits of Facebook "Friends." Social Capital and College Students' Use of Online Social Network Sites.," Journal of CMC, pp. 1143-1168, 2007.*
10. *A. Joinson, "Looking at, looking up or keeping up with people?: motives and use of Facebook," In Proc. CHI 2008, pp. 1027-1036, 2008.*
11. *J. a. B. D. Donath, "Public Displays of Connection.," BT Technology Journal, pp. 71-82, 2004.*

12. *G. D. a. M. S. Poole, "Capturing the complexity in advanced technology use: Adaptive structuration theory," Organ. Sci, vol. 5, no. 2, pp. 121-147, 1994.*
13. *J. S. a. C. Vogus, "Adoption of social networking sites: an exploratory adaptive structuration perspective for global organizations," Inf. Technol. Manag, vol. 12, pp. 293-314, 2011.*
14. *D. M. T. a. R. P. Bostrom, "Vital Signs for Virtual Teams: an Empirically Developed Trigger Model for Technology Adaptation Interventions," MIS Q, vol. 34, no. 1, pp. 115-142, 2010.*
15. *G. G. a. R. A. J. M. Goh, "Evolving Work Routines: Adaptive Routinization of Information Technology in Healthcare," Inf. Syst. Res, vol. 22, no. 3, pp. 565-585, 2011.*
16. *K. G. a. F. M.-S. M. Merolli, "Health outcomes and related effects of using social media in chronic disease management: A literature review and analysis of affordances," J. Biomed. Inform, vol. 46, no. 6, pp. 957-969, 2013.*
17. *V. a. G. G. Gamache-OLeary, "Social media in healthcare," in Proceedings of the 50th Hawaii international conference on system sciences. 2017., 2017 January.*
18. *D. L. Kincaid, "The Convergence Model of Communication.," Honolulu: East- West Communication Institute, 1979.*
19. *R. E. I. K. a. K. Y. Rudd, "Literacy and health in America," Princeton, NJ: Educational Testing Service., 2004.*
20. *M. T. a. N. K. Bassett, "Social class and black-white differences in breast cancer survival.," American Journal of Public Health, vol. 76, pp. 1400-1403, 1986.*
21. *R. H. L. a. R. F. Feldman, "The three leading causes of death in African Americans: Barriers to reducing excess disparity and to improving health behaviors.," Journal of Health Care for the Poor and Undeserved, pp. 45-71, 1999.*
22. *J. P. a. R. S. K. Smith, "Race, socioeconomic status, and health in late life. In L. G. Martin & B. J. Soldo (Eds.) Racial and Ethnic Differences in the Health of Older Americans.," Washington, DC: National Academy Press., 1997.*
23. *C. f. D. C. a. P. (CDC)., "Fact sheet: Racial=Ethnic health disparities.," 2004. [Online]. Available: http://www.cdc.gov/od/oc/media/pressrel/fs040402.htm. [Accessed April 2006].*
24. *M. Zagaria, "“Low Health Literacy: Raising Awareness for Optimal Health Communication.”," U.S. Pharmacist, vol. 10, pp. 41-48, 2004.*
25. *I. o. Medicine., “Report Brief. Apr. 2004. Health Literacy: A Prescription to End Confusion.”," Washington D.C.: National Academies, 2004.*
26. *D. Gillis, “Beyond Words: The Health-Literacy Connection.”, 2005.*
27. *M. A. M. P. a. H. A. M. Zorn, "“Understanding Health Literacy and Its Barriers: Bibliography on the Internet.”," May 2004. [Online]. Available: http:// www.nlm.nih.gov/pubs/cbm/healthliteracybarriers.html. . [Accessed July 2006].*
28. *R. Schiavo, Health communication: From theory to practice, John Wiley & Sons, 2013.*
29. *D. Nutbeam, "Health promotion glossary.," 1998. [Online]. Available: http://whqlibdoc.who.int/hq/1998/WHO_HPR_HEP_98.1.pdf.. [Accessed January 2006].*
30. *M. J. Dutta-Bergman, "Primary sources of health information: Comparisons in the domain of health attitudes, health cognitions, and health behaviors.," Health Communication, vol. 16, pp. 273-288, 2004d.*
31. *D. E. J. L. N. S. M. H. L. K. D. L. A. C. a. J. A. R. Brashers, "Communication in the management of uncertainty: The case of persons living with HIV or AIDS.," Communication Monographs, vol. 67, pp. 63-84, 2000.*

32. *M. Carlsson, "Cancer patients seeking information from sources outside the health care system.," Supportive Care in Cancer, vol. 8, pp. 453-457, 2000.*
33. *R. a. K. Cline, "Consumer health information seeking on the Internet: The state of the art.," Health Education Research, vol. 16, pp. 671-679, 2001.*
34. *M. J. Dutta-Bergman, "Developing a profile of consumer intention to seek out additional health information beyond the doctor: Demographic, communicative, and psychographic factors.," Health Communication, vol. 17, pp. 1-16, 2004a.*
35. *M. J. Dutta-Bergman, "Health attitudes, health cognitions, and health behaviors among Internet health information seekers: Population-based survey [Electronic Version].," Journal of Medical Internet Research, vol. 6, p. e15, 2004b.*
36. *G. D. D. M. J. Bodie, "Understanding health literacy for strategic health marketing: eHealth literacy, health disparities, and the digital divide," Health marketing quarterly, pp. 175--203, 2008.*
37. *P. a. H. R. V. Lyman, "How much information?," 2003. [Online]. Available: from http://www.sims.berkeley.edu/research/projects/how-much-info-2003/. [Accessed April 2007].*
38. *C. D. a. H. S. Norman, "eHealth literacy: Essential skills for consumer health in a networked world [Electronic Version].," 2006. [Online]. Available: http://www.jmir.org/ 2006/2/e9. . [Accessed April 2007].*
39. *U. D. o. H. a. H. S. Promotion., "“Making Better Health Communication a Reality: A Midcourse Check on Healthy People 2010 Objectives.”," 2006a.*
40. *P. P. a. M. R. a. G. G. a. E. L. a. R. R. Nedungadi, "Towards an inclusive digital literacy framework for digital India," Education+ Training, 2018.*
41. *P. L. S. &. M. A. Ranade, "Smart villages through information technology need of emerging India.," International Journal of Information Technology, pp. 1-4, 2015.*
42. *N. T. a. I. A. (NTIA), "Falling through the net: Defining the digital divide," Washington, DC: US Department of Commerce., 2000.*
43. *J. C. Bertot, "The multiple dimensions of the digital divide: More than technology ‘haves’ and ‘have nots’.," Government Information Quarterly, vol. 20, pp. 185-191, 2003.*
44. *D. J. Gunkel, "Second thoughts: Toward a critique of the digital divide. New Media & Society," vol. 5, pp. 499-522, 2003.*
45. *S. J. a. A. D. A. Czerwinski, "Telecommunications: Characteristics and choices of internet users," 2001. [Online]. Available: http://www.gao.gov/ new.items/d01345.pdf.. [Accessed April 2006].*
46. *J .S. M. A. F. S. B. A. D. a. A. I. N. Fogel, "Racial=Ethnic differences and potential psychological benefits in use of the internet by women with breast cancer," Psycho-Oncology, vol. 12, pp. 107-117, 2003.*
47. *A. a. B. G. a. B. F. A. a. V. E. A. a. Z. Y. a. F. H. E. Jackson, Home Internet use in low-income families: Is access enough to eliminate the digital divide?, Routledge, 2003.*
48. *M R. E. F. D. E. A. R. J. B. J. M. B. a. M. D. R. Brodie, "Health information, the Internet, and the digital divide.," Health Affairs, vol. 19, pp. 255-265, 2000.*
49. *M. J. Dutta-Bergman, "Developing a profile of consumer intention to seek out additional health information beyond the doctor: Demographic, communicative, and psychographic factors.," Health Communication, vol. 17, pp. 1-16, 2004a.*
50. *R. a. K. Cline, "Consumer health information seeking on the Internet: The state of the art.," Health Education Research, vol. 16, pp. 671-679, 2001.*

51. *M. J. Dutta-Bergman, "The impact of completeness and Web use motivation on the credibility of e-health information.," Journal of Communication, vol. 54, pp. 253-269, 2004c.*
52. *G. D. &. D. M. J. Bodie, "Understanding health literacy for strategic health marketing: eHealth literacy, health disparities, and the digital divide," Health marketing quarterly, pp. 175-203, 2008.*
53. *R. M. a. G. G. Prema P. Nedungadi, "Towards an inclusive digital literacy framework for digital India," pp. 1-2, 2018.*
54. *N &. Y. D. Kordzadeh, "Understanding how hospital use social media: An exploratory study of Facebook posts," 2015.*
55. *H. J, "How Facebook, Twitter can move the metal," Advertising Age, 2010.*
56. *"Study: Ages of social network users," 14 August 2010. [Online]. Available: http://royal.pingdom.com/2010/02/16/study-ages-of-social-network-users/.*
57. *W. J, "As Facebook users die, ghosts reach out," 14 August 2010. [Online]. Available: http://www.nytimes.com/2010/07/18/technology/18death.html?_r=1.*
58. *P. a. W. G. a. R. J. Eckler, "Social media and healthcare: an overview," 2010.*
59. *L. S. Y. X. L. J. W. L. Ye X, "The Fear of Ebola: A Tale of Two Cities in China.," Advances in Geographic Information Science, pp. 112-132, 2018.*
60. *M. E. Villar ME, "Social Media and Infectious Disease Perceptions in a Multicultural Society.," Reconceptualizing New Media and Intercultural Communication in a Networked Society, p. 350, 2018.*
61. *B. A., "Activism and social development in the Middle East.," Int J Middle East Stud, pp. 34:1-28, 2013.*
62. *B. E, "Hospital social network list," 14 August 2010. [Online]. Available: http://ebennett.org/hsnl/..*
63. *Y. K. Y. N. F. K. Sharma M, "Zika virus pandemic-analysis of Facebook as a social media health information platform.," Am J Infect Control, pp. 301-302, 2017.*
64. *D. Gillis, "‘‘Beyond Words: The Health-Literacy Connection.’’," 2005.*
65. *Khan, M. S., et al. "Effect of social media on enhancement of English learning proficiency at university level in Khyber Pakhtunkhwa." Journal of Humanities and Social Sciences 2.2 (2016): 71-84.*
66. *Nazimsha, S., and M. Rajeswari. "Comparing Digital Marketing with Traditional Marketing and Consumer Preference, Over which medium by taking concept of ads." International Journal of Sales & Marketing Management (IJSMM) 7 (2017): 1-12.*
67. *Tarannum, Saba, and B. R. Srinivasa. "Ore's Theorem, Labelled Graphs, Facebook." International Journal of Applied Mathematics& Statistical Sciences (IJAMSS) 7.2: 19-32.*
68. *A. o. P. M. a. Rehabilitation, "phyzFORUM," [Online]. Available: https://phyzforum.aapmr.org/home*